

ARKANSAS BETTER CHANCE-ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS
2005-2006 Field Visit & Compliance Audit

 Date & Time of Review

 Name of Reviewer

 Program

 Site (if program has more than one)

 Contact

A – BASIC REQUIREMENTS

	ITEM	COMPLIANCE	COMMENTS
A1	Site has license in good standing & Quality Approval status.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
A2	Program operates 7.5 hours/day, 178 days per year.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

B- BUDGET AND REPORTING

	ITEM	COMPLIANCE	COMMENTS
B1	Program budget submitted and approved.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
B2	Children entered in COPA & COPA information is current.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

C – STAFF QUALIFICATIONS

	ITEM	COMPLIANCE	COMMENTS
C1	Lead Teacher holds at least a BA with P-4 or K-6 license.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
C2	Other classroom teachers hold at least AA in early childhood.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
C3	Parapros hold at least an AA in early childhood or a CDA.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
C4	If "no", necessary DRP has been approved& implemented.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

D – PROFESSIONAL DEVELOPMENT

	ITEM	COMPLIANCE	COMMENTS
D1	There is a professional development plan for each staff member and training is recorded in the Registry.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

E- STAFFING PATTERNS

	ITEM	COMPLIANCE	COMMENTS
E1	Classroom has ≤ 20 children for ages 3-5 & maintains 1:10 ratio.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
E2	Classrooms observe required staffing patterns.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

F – PROGRAM STANDARDS

	ITEM	COMPLIANCE	COMMENTS
F1	Child portfolio is maintained and includes: <input type="checkbox"/> Application/Eligibility documentation <input type="checkbox"/> Emergency info/parental authorizations <input type="checkbox"/> Health & Developmental Screenings, Immunizations <input type="checkbox"/> Samples of child's work, teacher/parent observations	Yes <input type="checkbox"/> No <input type="checkbox"/>	

G – ASSESSMENT AND SCREENINGS

	ITEM	COMPLIANCE	COMMENT
G1	Work Sampling data completed and finalized timely.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
G2	Developmental & health screens completed within 45 days.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
G3	All children are current on immunizations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

H – PARENT AND COMMUNITY INVOLVEMENT

	ITEM	COMPLIANCE	COMMENTS
H1	Site allows parental input into operation and design.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
H2	Site encourages parental visitation and participation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
H3	Program uses a parent handbook.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
H4	Program has collaboration plan with other service providers.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

I – TRANSPORTATION			
	ITEM	COMPLIANCE	COMMENTS
I1	Site has a transportation plan whereby... <input type="checkbox"/> Escort is provided to/from the bus pick-up area <input type="checkbox"/> Visual ID used <input type="checkbox"/> Bus safety training is presented	Yes <input type="checkbox"/> No <input type="checkbox"/>	

J – HIPPY PROGRAMS ONLY			
	ITEM	COMPLIANCE	COMMENTS
J1	Coordinator has Bachelors degree, if serving > 160 families	Yes <input type="checkbox"/> No <input type="checkbox"/>	
J2	HBES have at least CDA and adhere to workload requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
J3	Program adheres to all other ABC requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

K – PAT PROGRAMS ONLY			
	ITEM	COMPLIANCE	COMMENTS
K1	Coordinators attend Institute Training & obtain certificate.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
K2	Program has certified Parent Educator/Coordinator.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
K3	Parent Educators observe workload restrictions.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
K4	Families offered 12 visits and 6 parent group meetings.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
K5	Program coordinates services with HIPPY.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
K6	Program adheres to all other ABC requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

PROGRAM IMPROVEMENT PLAN

For each "NO" checked on the compliance list, you must complete the table below. After completing the information, program reviewer and site contact must sign and the site director must receive a copy of the checklist and program improvement plan. If you are requesting technical assistance, a copy of the checklist and PIP must be forwarded to the TA coordinator.

#	AREAS OF CONCERN	CITE RULE ADDRESSING CONCERN	IMPROVEMENT PLAN	DEADLINE TO COMPLY

NEXT ACTION IF PIP NOT COMPLETED:

I certify that the above named program and site has been evaluated in person and is true to the best of my knowledge. I will conduct follow-up as necessary to ensure compliance and to take additional action and request technical assistance, if appropriate.

Program Reviewer

Date

The items listed in this checklist have been reviewed with me. I agree to follow any program improvement plan listed above and will comply with instructions given me by Division ABC staff or any authorized representative. I understand that this information will be used to evaluate applications for renewal funding and that adverse action could result if the program does not comply with the PIP. A copy of this checklist has been provided to me.

Site Contact/Authorized Official

Date